## Amounts may be rounded to whole dollars. 497 Contribution Report

NAME OF FILER Neil Polzin				Date of 5/18/22 This Filing			CALIFORNIA 49	7
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable) 1446998  STREET ADDRESS  CITY STATE ZIP CODE Covina CA 91723			Report No. 3		COVINA CITY CLE	For Official Use Only		
				Amendment to Report No. (explain below)  No. of Pages	81 W	22 MAY 18 PM 3:	3: 54	
1. Contribution	(s) Received							0
DATE RECEIVED	FULL NAM	TE, STREET ADDRESS AND ZIF	P CODE OF CONTRIBU	TOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF F		
5/18/2022	Neil Polzin Covina, CA 91723	E 36			IND COM OTH PTY SCC	Manager Longo Toyota	\$5,500  Check if Lo	%
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Lo	%
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Lo	%
Reason for Amend	dment:					* Contributor Codes IND - Individual COM - Recipient Commit OTH - Other (e.g., busine PTY - Political Party SCC - Small Contributor	ess entity)	SCC)
		20					FPPC Form 497 (Feb	/2019

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